MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Re 06866

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; LENGTH OF STAY in this place 3 WEEKS; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 921 Cooks Lane

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) (Last) Bauermann

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: JUNE 4 1867

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED.

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JACOB BAUERMANN

14. MOTHER'S MAIDEN NAME: CHRISTINA FUCHS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS E BAUERMANN 921 COOKS LANE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

334 Immediate cause (a) Myocardiitis

Antecedent cause(s)

938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Encephalomalacia, Senile Psychosis

(c) Cerebral Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1949, to July 15, 1949, that I last saw the deceased alive on July 15, 1949, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irving J. Taylor MD ADDRESS Pinel Clinic Ellicott City, Md. DATE SIGNED July 16. 49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE 7/19/49 | NAME OF CEMETERY OR CREMATORY WESTERN | LOCATION (City, town, or county) (State) EDMONDSON AVE

DATE REC'D BY LOCAL REG. 7/18/49 | REGISTRAR'S SIGNATURE W. D. Reed | 24. FUNERAL DIRECTOR GEO. LEIMBACH ADDRESS 525 N LYNDHURST ST

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06867

Reg. Dist. No. 103

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Howard Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lisbon | LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lisbon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) A (Last) Bloom.

4. DATE OF DEATH (Month) July (Day) 19 (Year) 1949

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Mar 3 | 9. AGE last birthday 47 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Eugene Brack | 14. MOTHER'S MAIDEN NAME Elizabeth Ruff.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Stephen J Bloom.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pleomorphic carcinoma with generalized metastases	8 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

170
50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 18 1948, to July 19, 1949, that I last saw the deceased alive on July 19, 1949, and that death occurred at 1:00 P. m. from the causes and on the date stated above.

SIGNATURE James P. Kerr (Degree or title) M. D. ADDRESS Damascus, Md. DATE SIGNED 7/19/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 7/22/49 | NAME OF CEMETERY OR CREMATORY New Cathedral | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 7/23/49 | REGISTRAR'S SIGNATURE J Basil Mercer | 24. FUNERAL DIRECTOR Max Nabb. | ADDRESS Lisbon

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06868

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D Laurel
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crescent Tourist Court, Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kearny N.J. COUNTY Hudson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 343 Maple St
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Kenneth (Middle) Joseph (Last) Bonath

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 16, 1920

9. AGE last birthday: 29 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: LABORER

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Frank Bonath

14. MOTHER'S MAIDEN NAME: Josephine Bonath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 137-07-1821

17. INFORMANT: Wife - Elizabeth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocarditis	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic cardiovascular disease	20 yrs
	(c)	

415
93c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Alpha N. Herbert M/D (Degree or title) ADDRESS Ellicott City Md DATE SIGNED 7-21-49

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL (Specify): ~~Burial~~ REMOVAL — DATE THEREOF July 21, 1949 — NAME OF CEMETERY OR CREMATORY ~~Holy Cross, No. Arlington, N.J.~~ — LOCATION (City, town, or county) (State) Kearney Hudson Co. N.J.

DATE REC'D BY LOCAL REG. July 21-49 — REGISTRAR'S SIGNATURE Frank Shipley, — 24. FUNERAL DIRECTOR J. Arthur Walters — ADDRESS 505 Washington Blvd. Laurel, Md

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06869

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
MARYLAND
LENGTH OF STAY (in this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ellicott Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Ellicott Street

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) LOUISE (Last) GASSAWAY

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 10, 1881

9. AGE last birthday: 68 yrs. If under 1 year: Months. 2 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Howard County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Brown

14. MOTHER'S MAIDEN NAME: Sallie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Dr. William N. Gassaway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Half hour

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from W-7 27, 1949, to W-7 28, 1949, that I last saw the deceased alive on W-7 28, 1949, and that death occurred at 11 55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George E. Burgtorf M.D. Ellicott City, Md. 7-29-1949

23. BURIAL, CREMATION REMOVAL (Specify): Entombment

DATE: 7/30/49.

NAME OF CEMETERY OR CREMATORY: Lorraine Park Mausoleum

LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE REC'D BY LOCAL REG.: July 29, 1949

REGISTRAR'S SIGNATURE: John B. Loughman Pu.

24. FUNERAL DIRECTOR ADDRESS: Easton Sons, Ellicott City, Md.

B. E. L.

RECEIVED
AUG 2 1949
BUREAU V. S.

Coroner has been notified & has approved

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06870

Reg. Dist. No. 191

1. PLACE OF DEATH:

County: ~~MONTGOMERY~~ Howard

City or town: ~~CLARKSVILLE~~ Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 WEEKS

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County: —

City or town: WASHINGTON
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3236 MINNESOTA AVE S.E. APT 4
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: SANDRA HEATWOLE

3. (b) Social Security Number:

4. Sex: FEMALE
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: SINGLE

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 19 1949

8. AGE: Years | Months: 5 | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: DOCTORS HOSP. WASH, D.C.
(Town, county, and state)

10. Usual occupation: INFANT

11. Industry or business

FATHER
12. Name: PAUL LEE HEATWOLE
13. Birthplace: PITTSBURGH PENNA

MOTHER
14. Maiden name: SHIRLEY McMASTER
15. Birthplace: CHELMSFORD MASS

16. Informant: MOTHER SHIRLEY HEATWOLE

Address: 3236 MINN. AVE SE

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: 7/30-49 (month) (day) (year)

Cemetery or crematory: Andrews Chapel

Location: Va.

18. Funeral director: W. W. Chambers Co.

Address: 517 - 11th St. SE. Wash. D.C.

19. July 29, 1949 (Date rec'd by registrar) John B. Loughran, Pen. B.E.L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JULY 28 1949 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ..., to JULY 28 1949 and that I last saw her alive on DEAD ON ARRIVAL 19

Immediate cause of death: HYDROCEPHALIS

Due to: HEAD INJURY IN FALL FROM BED ON ABOUT 3RD JUNE 1949

Due to:

Other conditions: 902.0 186a (Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of 3 June 49

Where did injury occur? Howard Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

coroner appd

23. SIGNATURE: George H. Spence M.D. M. D. or other

Address: 904 Ellsworth Drive Silver Spring Md Date signed 7/28/49

VS A15 9.45.15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1949
BUREAU V. S.

06871

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY HOWARD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAVAGE
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAVAGE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) OLIVER (Middle) WENDELL (Last) HOLMES.
4. DATE OF DEATH (Month) JULY (Day) 16, (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAR 11, 1907
9. AGE last birthday 42 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY WT COWAN, INC.
11. BIRTHPLACE (State or foreign country) MANASAS, VA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME THOMAS HOLMES
14. MOTHER'S MAIDEN NAME ROBERTA SULLIVAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-01-7960
17. INFORMANT MRS MYRAL HOLMES.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825.5 Immediate cause (a) Multiple Compound fractures, skull, chest — Inst

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound fracture of both legs & arms.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Savage, (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) July (Day) 16, (Year) 1949 (Hour) 5:10 PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Alpha N. Herbert M.D. ADDRESS Ellicott City Md DATE SIGNED 7-16-49

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial
DATE THEREOF July 19, 1949
NAME OF CEMETERY OR CREMATORY WOODBINE-BARIET CHURCH
LOCATION (City, town, or county) Woodbine, Va. (State)

DATE REC'D BY LOCAL REG. 7-19-49
REGISTRAR'S SIGNATURE Frank Shepley
24. FUNERAL DIRECTOR J. Arthur Walters, 505 Nort. Blvd, Lowell, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 21 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06872

CERTIFICATE OF DEATH

Reg. Dist. No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15

1. PLACE OF DEATH
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenelg
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenelg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Maraskey (Last)

4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-4-1873

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (Farm)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles Maraskey

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Frances Pugh, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac failure — Interval Between Onset and Death: 5 mins

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis with — 6 mos.

(c) Auricular fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to July 2, 1949, that I last saw the deceased alive on July 1, 1949, and that death occurred at 10:04 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles S. Whitaker, M.D. Clarksville, Md 7/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 7-5-49
NAME OF CEMETERY OR CREMATORY: Good Shepherd
LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: 7-4-49
REGISTRAR'S SIGNATURE: Marie G. Whitaker

24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md.
ADDRESS:

RECEIVED
JUL 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06873

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; MARYLAND; LENGTH OF STAY (in this place) 80 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; STREET ADDRESS (If rural, give location) Guorman Road

3. NAME OF DECEASED (Type or Print): (First) Selitha (Middle) Rebecca (Last) Phelps

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 24 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Savage Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Bounds

14. MOTHER'S MAIDEN NAME: Elizabeth Sykes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: John W. Phelps - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio-Vas. Disease	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Myocarditis	2 yrs.
443 93d	(c) Arterio-sclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
✓		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE ✓ (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26 1949, to July 30th 1949, that I last saw the deceased alive on 7/30/49 19..., and that death occurred at 10 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Shipley M.D., Savage, Md. 7/31/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 2 1949 | NAME OF CEMETERY OR CREMATORY Savage Cemetery | LOCATION (City, town, or county) Savage, Md. (State)

DATE REC'D BY LOCAL REG. 7/31/49 | REGISTRAR'S SIGNATURE Frank Shipley, | 24. FUNERAL DIRECTOR Mitchell Donaldson | ADDRESS

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06874

Reg. Dist. No. 192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: West Friendship
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 324 Reservoir St.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) W. (Last) Rowe

4. DATE OF DEATH: (Month) July (Day) 1, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-29-1902

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainance Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Hercules Powder Co

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry R.Rowe

14. MOTHER'S MAIDEN NAME: Anna Margaret Valentine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-05-7470

17. INFORMANT: Helen Rowe, Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: Inst

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
94a
(b) —
(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Alpha N Herbert M.D. ADDRESS Ellicott City Md. DATE SIGNED July 1, 1949

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-5-49

NAME OF CEMETERY OR CREMATORY: St. Marys

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: 7-1 1949

REGISTRAR'S SIGNATURE: alice M Hebb

24. FUNERAL DIRECTOR ADDRESS: F.C.Higinbothom, Ellicott City, Md

RECEIVED
JUL 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06875

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Ellicott City — LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waterloo Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Ellicott City
STREET ADDRESS (If rural, give location) Waterloo Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	—	Savoy	July	29,	1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Widowed	March 1, 1883	66 yrs	4	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Lumber	Maryland	U. S. A.

13. FATHER'S NAME Richard Savoy

14. MOTHER'S MAIDEN NAME Annie Carroll.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown		217-05-1082	Mrs. Louisa Young

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Arteriosclerotic Cardio-Vascular disease	3 years
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-1, 1948, to 7-29, 1948, that I last saw the deceased alive on 7-28, 1949, and that death occurred at 12 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George E. Burton M.D.	Ellicott City, Md.	7-29-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 1, 1949	Mt. Gilbo Cemetery	Baltimore County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 29, 1949.	John B. Loughran. Dep. Reg.	Easton & Sons	Ellicott City, Md.

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06876

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Fred Road

3. NAME OF DECEASED (Typo or Print): (First) Mary Baby (Middle) Jane (Last) Selby

4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 1949

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 7-14-49

9. AGE last birthday: 0 yrs. If under 1 year: Months 0 Days 0 If under 24 hrs.: Hours Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chas E Selby

14. MOTHER'S MAIDEN NAME: Myrtle R Leggett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Chas E Selby - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 5 min.

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

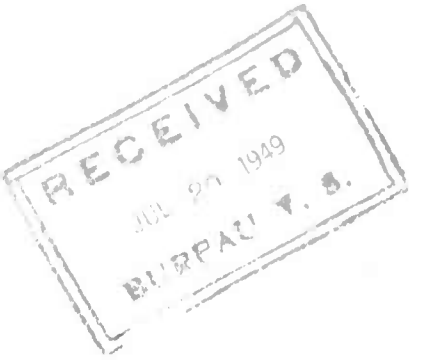
22. I hereby certify that I attended the deceased from 7-14, 1949, to 7-14, 1949, that I last saw the deceased alive on 7-14, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Burgdorf — ADDRESS Ellicott City, Md. — DATE SIGNED 7-15-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7-16-49 — NAME OF CEMETERY OR CREMATORY Mt View — LOCATION (City, town, or county) (State): Howard County Md

DATE REC'D BY LOCAL REG. 7-16-1949 — REGISTRAR'S SIGNATURE John B. Langhans Jr. B. E. E.

24. FUNERAL DIRECTOR — ADDRESS P. C. Higinbotham


RECEIVED
1949
BUREAU

06877

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 191 (115)

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY Burlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Holly New Jersey
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Barclay (Middle) Norman (Last) Shemeley
4. DATE OF DEATH (Month) 7 (Day) 11 (Year) 1949
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 11-1-1889
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trainer
10b. KIND OF BUSINESS OR INDUSTRY Horse Trainer
11. BIRTHPLACE (State or foreign country) Mt Holly - New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Norman Shemeley - New Jersey
14. MOTHER'S MAIDEN NAME Lena Sweeten - New Jersey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.1
16. SOCIAL SECURITY NO. Not Known
17. INFORMANT Mr Franklin Shemeley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hr

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Alpha N Herbert M.D. ADDRESS Ellicott City Md DATE SIGNED 7-11-49

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-14-49
NAME OF CEMETERY OR CREMATORY Brotherhood Cemetery
LOCATION (City, town, or county) Mt Holly (State) N.J.
DATE REC'D BY LOCAL REG. 7-12-49
REGISTRAR'S SIGNATURE John B. Lingham Pu. B.E.L.
24. FUNERAL DIRECTOR H. J. Perinchief ADDRESS Mt Holly, N.J.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 21 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

16878

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; MARYLAND; LENGTH OF STAY (in this place) 59 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Isaac	Jacob	Specht	July	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W	married	Oct. 15 1875	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Quartermaan	U.S. Navy Yard	Jamaville Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Specht	Mary Jane Renn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	—	Mrs Viola Specht - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	10 Days,
420.1 Antecedent cause(s)	(b) Myocarditis	1 yr.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
✓		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
✓				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
	✓		m.		

22. I hereby certify that I attended the deceased from June 24th 49 to July 6, 1949 that I last saw the deceased alive on 7/6/49, 19....., and that death occurred at 11 a- m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Mark Shipley	M.D.	Savage, Md.	7/8/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 9, 1949	Savage Cemetery	Savage,	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/8/49	Mark Shipley, M.D.	De Witt Donaldson	Laurel Md.

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06879

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SIVEY (Middle) (SIBERIA) (Last) STANLEY

4. DATE OF DEATH (Month) (Day) (Year) July 8, 1949 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH About 1864

9. AGE last birthday About 85 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Noah Palmer

14. MOTHER'S MAIDEN NAME Betty (Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Charles Stanley, 1033 S. Charles St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carolysis

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cebrel Hemorrhage, Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1949 to July 8, 1948, that I last saw the deceased alive on July 7, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos J Woolridge ADDRESS Elkridge Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 7/11/49

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) A. A. Co. Md.

DATE REC'D BY LOCAL REG. 7/12/49

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06880

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Scaggsville Laurel R.F.D.; LENGTH OF STAY (in this place) 9 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Scaggsville; STREET ADDRESS (If rural, give location) Laurel R.F.D.

3. NAME OF DECEASED (Type or Print): (First) NED (Middle) (Last) THORNTON

4. DATE OF DEATH: (Month) JULY (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 1 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days / Hours / Min. / If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Granville North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Horace Thornton

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 795

17. INFORMANT AND ADDRESS: Fannie Newton Laurel R.F.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis, Acute	4 hrs.
Antecedent cause(s)	(b) Myocarditis Chronic	4 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis, generalized	10 yrs.

422.1 93d

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Senility 5 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/16, 1947, to 7/26, 1949, that I last saw the deceased alive on 7/26, 1948, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Abrahams, M.D. Laurel, Md. 7/26/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: July 29 1949

NAME OF CEMETERY OR CREMATORY: Muirkirk

LOCATION (City, town, or county) (State): Muirkirk Md

DATE RECD BY LOCAL REG. 7/29/49

REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR ADDRESS: Ridgley Selby.

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06881

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City — LENGTH OF STAY (in this place): 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Court Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Court Avenue

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Clifton (Last) Wall

4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1949.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 10, 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months: 1 Days: 5 If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Filling Station

11. BIRTHPLACE (State or foreign country): Clarksville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John R. Wall

14. MOTHER'S MAIDEN NAME: Leanna Mercer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-22-9212

17. INFORMANT: Miss Edna Wall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1/2 hour

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Arterio sclerotic Cardio-Vascular disease — 8 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1940, to July 15, 1949, that I last saw the deceased alive on July 15, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George E. Brayton M.D. Ellicott City, Md. 7-18-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 19, 1949 — NAME OF CEMETERY OR CREMATORY: St. John's Cemetery — LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: July 18, 1949 — REGISTRAR'S SIGNATURE: John B. Leughman. Reg. B. E. L.

24. FUNERAL DIRECTOR — ADDRESS: Easton Sons Ellicott City, Md.

RECEIVED
JUL 20 1943
BUREAU Y. S.